

RECEIVED  
CENTRAL FAX CENTER

FEB 04 2005

## FAX TRANSMISSION

DATE: February 4, 2005

09/982,676

PTO IDENTIFIER: Application Number 09/982676-Conf. #5947  
Patent Number

Inventor: Donald F. WEAVER, et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: LAHIVE &amp; COCKFIELD, LLP

Jacob G. Weintraub, M.S.

PHONE: (617) 227-7400

Attorney Dkt. #: NCI-006DV2

PAGES (Including Cover Sheet): 15

CONTENTS:	Response to Final Office Action (10 pages)
	Fee Transmittal (1 page in duplicate)
	Amendment Transmittal (1 page)
	Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP  
28 State Street, Boston, Massachusetts 02109  
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

PTO/SB/07 (09-04)  
Approved for use through 07/31/2006 OMB 0851-0031  
U S Patent and Trademark Office; U S. DEPARTMENT OF COMMERCE  
~~Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it carries a valid OMB control number.~~

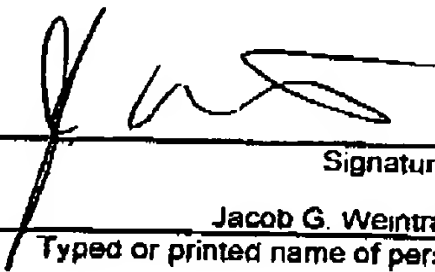
Application No. (if known). 09/932676

Attorney Docket No.: NCI-006DV2

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

on February 4, 2005  
Date

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Jacob G. Weintraub, M.S.  
\_\_\_\_\_  
Typed or printed name of person signing Certificate  
\_\_\_\_\_  
56,469  
Registration Number, if applicable  
\_\_\_\_\_  
(617) 227-7400  
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Response to Final Office Action (10 pages)  
Fee Transmittal (1 page in duplicate)  
Amendment Transmittal (1 page)  
This Certificate of Transmission (1 page)

PTO/SB/17 (12-04v2)  
Approved for use through 7/31/2006 OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4812).

## FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>300.00</b>
--------------------------------	--	-------------	---------------

<b>Complete if Known</b>	
Application Number	09/932676-Conf. #5947
Filing Date	August 16, 2001
First Named Inventor	Donald F. WEAVER
Examiner Name	D. R. Rao
Art Unit	1824
Attorney Docket No.	NCI-006DV2

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account  
Deposit Account Number 12-0080 Deposit Account Name Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
29	6	50.00	300.00

Indep. Claims 1 - 3 = 1 x 200 = 200.00

Multiple Dependent Claims  
Fee (\$) Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50	(round up to a whole number) x	

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)	<u>Fees Paid (\$)</u>
Other (e.g., late filing surcharge).	

**SUBMITTED BY**

Signature	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)		
Jacob G. Weintraub, M.S.	56,469	(617) 227-7400
		Date February 4, 2005

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below

Dated February 4, 2005 Signature: Jacob G. Weintraub, M.S.

COPY

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 7/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Complete if Known					
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	09/932676-Conf. #5947				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 18, 2001				
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Donald F. WEAVER				
		Examiner Name	D. R. Rao				
300.00		Art Unit	1624				
		Attorney Docket No.	NCI-006DV2				
<b>METHOD OF PAYMENT (check all that apply)</b>							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 12-0080 Deposit Account Name Lahive & Cockfield, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	Filing Fees Fee (\$)	Small Entity Fee (\$)	Search Fees Fee (\$)	Small Entity Fee (\$)	Examination Fees Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description				Fee (\$)		Small Entity Fee (\$)	
Each claim over 20 (including Reissues)				50		25	
Each independent claim over 3 (including Reissues)				200		100	
Multiple dependent claims				360		180	
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
29		- 23 = 6	x 50.00 =	300.00		Fee (\$) Fee Paid (\$)	
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
1		- 3 =	x				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		
		- 100 =	/50 (round up to a whole number) x				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)			
Other (e.g., late filing surcharge):							
<b>SUBMITTED BY</b>							
Signature		Registration No. (Attorney/Agent)		Telephone		Date	
Name (Print/Type)		58,469		(617) 227-7400		February 4, 2005	
Jacob G. Weintraub, M.S.							

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated February 4, 2005

Signature:

(Jacob G. Weintraub, M.S.)

AMENDMENT TRANSMITTAL LETTER				Docket No. NCI-006DV2	
Application No. 09/932676-Conf. #5947		Filing Date August 16, 2001		Examiner D. R. Rao	
				Art Unit 1624	

Applicants: Donald F. WEAVER *et al.*

Invention: ANTI-EPILEPTOGENIC AGENTS

**RECEIVED**  
CENTRAL FAX CENTER  
FEB 04 2005

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	29	- 23 =	6	x 50	300.00
Independent Claims	1	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>300.00</b>

☒ Large Entity ☐ Small Entity

☒ No additional fee is required for this amendment.

☒ Please charge Deposit Account No 12-0080 in the amount of \$ 300.00.  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No 12-0080  
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

\_\_\_\_\_  
Jacob G. Weintraub, M.S.  
Registration No.: 56,469  
LAHIVE & COCKFIELD, LLP  
28 State Street  
Boston, Massachusetts 02109  
(617) 227-7400  
Attorney or Agent Under 37 CFR §1.34

Dated: February 4, 2005

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no (571) 273-8300 at MS AF, Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450, on the date shown below

Dated February 4, 2005 Signature \_\_\_\_\_ (Jacob G. Weintraub, M.S.)